DATENT ADDI (0.5 To 1.5									Application r Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000											9-0799p		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL YPE	ENTITY	OR	OTHER		
TOTAL CLAIMS			8				Γ	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		[BASIC FI	SE 355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			8 minus 20=		· Ø		T	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		· Ø			X40=		OR	X80=		
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT				t	+135=		1	+270=		
• tf	the difference	in column 1 is	ess than zero, enter "0" in column 2			L	TOTAL		OR	TOTAL	710		
CLAIMS AS AMENDED - PART II									· L	Jon	OTHER		
_	(Column 1) (Column 2) (Column 3)						1_	SMALI	LENTITY	OR	SMALL		
AMENDMENT A	2215	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 8	Minus	"X	\mathcal{U}_{-}	= /		X\$ 9=		OR	X\$18=		
AM	Independent	NTATION OF MI	Minus	PENDEND	CLAIM	= /		X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=		
								TOTA	_	OR	TOTAL ADDIT, FEE		
	(Column 1) (Column 2) (Column 3)												
MENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Q	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=		
AME	Independent	NTATION OF MI	Minus	···	CLAIM	=		X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=		
ADDIT, FEE										OR	TOTAL ADDIT. FEE		
	•	(Column 1) CLAIMS		(Colur		(Column 3)						_	
AMENDMENT C	i)	REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER	PRESENT EXTRA	I	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		2		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	•••		=		X40=			X80=		
Ш	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT	CLAIM		-			OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **OPT 555 **OPT 555 **OPT 555													
•••	if the "Highest Nu	mber Previously Pa mber Previously Pa ber Previously Paid	id For in Thi	S SPACE IS	t less that	3. enter 3.		DIT. FEE			ADDIT. FEE		
	r wyricol rtuffi	TO CHONOSTY PAIG	arun (10121 Of	invehende	en) es ene	ugnest number	TOUNG	in the a	ppropriate box	ın colı	uma 1,		

FORM PTO-875 (Rev. 8/00)

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